

Patent
Old Attorney Docket No. 040071-229
New Attorney Docket No. 0119-154

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
Peter MALM) Group Art Unit: 2157
Application No.: 09/735,495) Examiner: OSMAN, Ramy M
Filed: December 14, 2000) Confirmation No.: 8377
For: COMPRESSION BASED ON)
CHANNEL CHARACTERISTICS)

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AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on January 26, 2005, please amend the application as follows.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

04/26/2005 EKUL11 00000004 09735495

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PTO/SB/21 (08-04)


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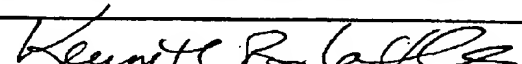
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/735,495	
	Filing Date	December 14, 2000	
	First Named Inventor	Peter MALM	
	Art Unit	2157	
	Examiner Name	OSMAN, Ramy M	
Total Number of Pages in This Submission	14	Attorney Docket Number	Old: 040071-229; New: 0119-154

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (In duplicate) <input checked="" type="checkbox"/> Form PTO-2038 for Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (7 PAGES) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Notification <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Statement under 37 CFR 3.73(b)
Remarks TRANSMITTED VIA FACSIMILE TO 703 872 9306		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Potomac Patent Group PLLC (Customer No. 000042015)		
Signature			
Printed name	Kenneth B. Leffler		
Date	April 25, 2005	Reg. No.	36,075

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Kenneth B. Leffler	Date	April 25, 2005

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 200**Complete if Known**

Application Number	09/735,495
Filing Date	December 14, 2000
First Named Inventor	Peter MALM
Examiner Name	OSMAN, Ramy M
Art Unit	2157
Attorney Docket No.	Old: 040071-229; New: 0119-154

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 50-2476 Deposit Account Name: Potomac Patent Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 17 - 20 or HP = 0 x 50 = 0
 HP = highest number of total claims paid for, if greater than 20
Indep. Claims 4 - 3 or HP = 1 x 200 = 200
 HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims
Fee (\$) **Fee Paid (\$)**

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 17 - 100 = 7 / 50 = 1 (round up to a whole number) x 125 = 125
Extra Sheets 7 / 50 = 1 (round up to a whole number) x 125 = 125

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)

Other:

SUBMITTED BY

Signature	<u>Kenneth B. Leffler</u>	Registration No. <u>36,075</u> (Attorney/Agent)	Telephone <u>703 718 8884</u>
Name (Print/Type)	<u>Kenneth B. Leffler</u>	Date <u>April 25, 2005</u>	

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For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 200**Complete if Known**

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Examiner Name	OSMAN, Ramy M
Art Unit	2157
Attorney Docket No.	Old: 040071-229; New: 0119-154

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-2476 Deposit Account Name: Potomac Patent Group PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
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Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 17 - 20 or HP = 0 **Extra Claims** 0 **Fee (\$)** 50 **Fee Paid (\$)** 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 4 - 3 or HP = 1 **Extra Claims** 1 **Fee (\$)** 200 **Fee Paid (\$)** 200

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims

Fee (\$) **Fee Paid (\$)**

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Total Sheets - 100 = **Extra Sheets** / 50 = **Number of each additional 50 or fraction thereof** x **Fee (\$)** **Fee Paid (\$)**

(round up to a whole number) x = 0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 0

SUBMITTED BY

Signature	<i>Kenneth B. Leffler</i>	Registration No. (Attorney/Agent)	36,075	Telephone	703 718 8884
Name (Print/Type)	Kenneth B. Leffler	Date	April 25, 2005		

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